C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

June 12, 2008

Rod Jacobsen, Administrator Bear Lake Memorial Hospital 164 South 5<sup>th</sup> Street Montpelier, ID 83254

RE:

Bear Lake Memorial Hospital, provider #131316

Dear Mr. Jacobsen:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Bear Lake Memorial Hospital, on June 4, 2008.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, State form, which states that no State deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Rod Jacobsen, Administrator June 4, 2008 Page 2 of 2

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 25, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GEORGE H. RICARD Health Facility Surveyor

Facility Fire Safety and Construction Program

GHR/lj

Enclosures

PRINTED: 06/12/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - ENTIRE BUILDING B. WING 131316 06/04/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **164 SOUTH FIFTH** BEAR LAKE MEMORIAL HOSPITAL MONTPELIER, ID 83254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) K 000 INITIAL COMMENTS K 000 The hospital building is a single story structure with a partial basement. Original construction was 1958 with subsequent additions to include a major addition/renovation completed in 1998. The construction is Type V(111) and is fully sprinklered. The upgraded fire alarm system includes smoke detection throughout the corridors and open areas. The main level of the hospital has 5 exits to grade plus a horizontal exit to the physically attached Skilled nursing Facility. There are two remote exits from the basement which are accessible through Central Stores/Purchasing. The main level of the hospital is sub-divided into three smoke zones. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on June 4, 2008. The facility was surveyed under the Life Safety Code, 2000 Edition, Existing Health Care Occupancy and in accordance with 42 CFR 483.70. Surveyors conducting the survey were: George H. Ricard Health Facility Surveyor Facility Fire/Life Safety and Construction Program Mark P. Grimes, Supervisor Facility Fire/Life Safety and Construction Program K 029 NFPA 101 LIFE SAFETY CODE STANDARD K 029 One hour fire rated construction (with 1/4 hour fire-rated doors) or an approved automatic fire

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(x6) DATE

(-24-08)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

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extinguishing system in accordance with 8.4.1 and/or 19.3;5,4 protects hazardous areas. When

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

131316

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - ENTIRE BUILDING B. WING\_

(X3) DATE SURVEY COMPLETED

06/04/2008

NAME OF PROVIDER OR SUPPLIER

BEAR LAKE MEMORIAL HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

**164 SOUTH FIFTH** 

BEAR LAKE MEMORIAL HOSPITAL 164 SOUTH FIFTH MONTPELIER, ID 83254				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 029	Continued From Page 1 the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029		
	doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1			
To consider the constitution of the constituti	This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured smoke resisting self-closing doors were installed and operational in required locations.			The state of the s
	Findings include:			5 126
	Observation made on June 4, 2008 between 9AM and at 2:20 PM disclosed that the existing doors to the "E-storage room", central supply basement storage, laboratory and maintenance engineer's repair shop were not self-closing types. Lack of a self-closing door would allow smoke to permeate the smoke corridors of the basement and smoke corridors of the exit accesses, exits and exit discharges. This was observed by the maintenance\engineer and surveyors.		We will place self-closure on E-storage room, central supply basement storage, t latch on lab door needs repair (closer is on it), a closer will be placed on maintenance shop.	he 
K 038	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038		**************************************

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PRINTED: 06/12/2008 FORM APPROVED OMB NO. 0938-0391

COMPLETED

06/04/2008

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

A. BUILDING B. WING

01 - ENTIRE BUILDING

131316

IDENTIFICATION NUMBER;

(X1) PROVIDER/SUPPLIER/CLIA

STREET ADDRESS, CITY, STATE, ZIP CODE

			84 SOUTH FIFTH ONTPELIER, ID 83254			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 038	Continued From Page 2		K 038			
	This Standard is not met as evidenced Based on observation it was determined facility had not ensured exit access was accessible and unobstructed. This has potential to affect all patients and staff leall of the basement locations.  The findings include:  Observation made on June 4, 2008 at 2 disclosed that the exit access in the base.	of the readily the ocated in		Staff will be reminded to keep exit accesses in all		
	central supply storage room was obstru cabinet. This observation was confirmed maintenance engineer and surveyors.			areas clear of obstruction The cabinet in this particular case has been moved.	7-15-08	
K 064	NFPA 101 LIFE SAFETY CODE STANI Portable fire extinguishers are provided health care occupancies in accordance 9.7.4.1. 19.3.5.6, NFPA 10	in all	K 064		A CONTRACTOR OF THE CONTRACTOR	
	This Standard is not met as evidenced Based on observation it was determined facility had not ensured annual and more extinguisher inspections and inspection annotated in required locations.  Findings include:  Observation made on June 4, 2008 bet AM and at 2:20 PM disclosed that fire extinguishers had no annual and month extinguisher inspections and inspection annotated in the areas adjacent to the flocations: two extinguishers in the both	d that the othly fire cards  ween 9  ly fire cards ollowing		A complete list of fire extinguishers will be developed so none are forgotter to be inspected. A compute program will be developed to address this problem & remind us to get the fire safety service people here on a regular basis.	<b>)</b>	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/12/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER; COMPLETED A. BUILDING 01 - ENTIRE BUILDING B, WING 131316 06/04/2008

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

164 SOUTH FIFTH REAR LAKE MEMORIAL HOSPITAL

BEAR LAKE MEMORIAL HOSPITAL 164 SOUTH FIFTH MONTPELIER, ID 83254					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 064	Continued From Page 3	K 064		<u> </u>	
	room hallways, kitchen, x-ray, CT scan, and laundry room. Lack of annual and monthly fire extinguisher inspections and inspection cards annotated compromised abilities for initial fire reduction and elimination response. This was observed by the maintenance engineer and surveyors.			The state of the s	
K 074	NFPA 101 LIFE SAFETY CODE STANDARD	K 074			
	Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.	r			
	Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13				
	Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3				
	This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility had not ensured that the window drapes throughout the facility sleeping rooms and in congregate areas were treated with inherently flame retardant coatings. This has the potential to affect all residents and		Those drapes without tags will be treated with fire retardant coating and a label placed on the drapes indicating that drapes have been treated.	7-15-0	

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PRINTED: 06/12/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - ENTIRE BUILDING B. WING\_ 131316 06/04/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 164 SOUTH FIFTH **BEAR LAKE MEMORIAL HOSPITAL** MONTPELIER, ID 83254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) K 074 Continued From Page 4 K 074 staff members. Findings include: Observation on May 5, 2008 between 9 AM and 2:20 PM disclosed that window drapes throughout the facility sleeping rooms had no identification tags or proof indicating that the window drapes were treated with inherently flame retardant qualities. Loosely hanging fabrics would contribute to the rapid growth and spread of fire. This was confirmed by the maintenance engineer and surveyors. K 144 NFPA 101 LIFE SAFETY CODE STANDARD K 144 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. We currently have new form 7-15-08 This Standard is not met as evidenced by: for inspection & operation of emergency generator from Based on observation and record record review it state & they are currently was determined that the facility had not ensured the generator was inspected weekly and being used. Forms have exercised under load and was missing annotated detailed list of checks that log records, need to be made. Form will be in generator room. Main-Findings include: tenance supervisor will be

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Observation and record review made on June 4,

2008 at 1:43 PM disclosed that the generator

had not been inspected weekly and exercised

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responsible for inspecting

generator weekly and

exercising it monthly.

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PRINTED: 06/12/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - ENTIRE BUILDING B. WING 131316 08/04/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 164 SOUTH FIFTH BEAR LAKE MEMORIAL HOSPITAL MONTPELIER, ID 83254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) K 144 Continued From Page 5 K 144 under load with annotated log records for the 2008 year. Lack of required inspections and exercising of the generator compromised operational capabilities, reliability and integrity of backup emergency power, fire detection and protection element response. This was observed by the maintenance engineer and surveyors. K 146 NFPA 101 LIFE SAFETY CODE STANDARD K 146 A nursing home or hospice with no life support equipment has an alternate source of power separate and independent from the normal source that will be effective for minimum of 11/2 hour after loss of the normal source. NFPA 99. 3.6.3.1.1 This Standard is not met as evidenced by: Based on observation it was determined the facility had not ensured alternate sources of power for illumination. The findings include: The faulty emergency light Observation made on June 4, 2008 at 10:20 AM discovered by the inspector disclosed that the emergency exterior light fixture will be replaced. Additionally was inoperative and did not provide illumination a master list of all backfor the exit discharge of the CT scan room. In up emergency light devices case of an emergency lack of illumination would cause an impediment to exit discharge. This will be developed and a observation was confirmed by the maintenance schedule developed to check engineer and surveyors. on the operation of the 7-15-08

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lights.

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PRINTED: 06/10/2008

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 131316 06/04/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **BEAR LAKE MEMORIAL HOSPITAL 164 SOUTH FIFTH** MONTPELIER, ID 83254 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) B 000 16.03.14 Initial Comments B 000 The hospital building is a single story structure with a partial basement. Original construction was 1958 with subsequent additions to include a major addition/renovation completed in 1998. The construction is Type V(111) and is fully sprinklered. The upgraded fire alarm system includes smoke detection throughout the corridors and open areas. The main level of the hospital has 5 exits to grade plus a horizontal exit to the physically attached Skilled nursing Facility. There are two remote exits from the basement which are accessible through Central Stores/Purchasing. The main level of the hospital is sub-divided into three smoke zones. The following deficiencies were cited at the above facility under federal K tags: K29, K38, K64, K74, K144 and K146 during the annual Fire/Life Safety survey conducted on June 4. 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14 Rules and Minimal Standards for Hospitals. The surveyors conducting the survey were: George H. Ricard Health Facility Surveyor Facility Fire/Life Safety and Construction Program Mark P. Grimes, Supervisor Facility Fire/Life Safety and Construction Program

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE